**Meeting Summary**

**eHealth Technical Working Group**
**January 13, 2010 11:00AM-12:30PM**

*Please refer to the draft straw man technical architecture document for additional details.*

Review of Timeline:
Walter briefly reviewed the immediate project timeline with the group. At this point in time, the project is two weeks behind the original timeline. The revised goal is to submit the initial draft of the straw man technical architecture to the Public Review Group for comment by 1/21. Incorporating feedback from PRG, a second draft will be circulated around 2/10, whereupon additional comment will be solicited from PRG in order to produce a final draft that will be submitted to CHHS on 2/21. Thus, the immediate goal is for TWG to complete its review of the initial draft such that the document can be delivered to TAC for review by the morning of Friday, 1/15.

Given that all issues concerning the draft are unlikely to be completely discussed during today's short meeting time, Walter encouraged TWG members to submit written comments via the email discussion list.

Discussion of Draft Straw Man Architecture:
Walter first focused the discussion on identifying key questions about the architecture that had already been raised in the feedback received to date. The following questions (in italics) were identified by the group.

*Should the Core Cooperative-Shared HIE Services have the ability to authenticate individuals, or should they only authenticate organizations and/or information systems? Is there a need to identify individual providers? Would the potential users of shared services in the state require individual-level authentication before they trust CS-HIE Services enough to use them, or is it not required and therefore better to delegate individual authentication to enterprises to avoid the need for additional authentication requirements?*

This was the topic of a fair amount of discussion by participants. Ultimately, the group decided that the question be posed to the TAC for guidance, with the point made in the document that the architecture is capable of supporting either individual- or systems-level authentication approaches. Several points were made by participants during the discussion.

- Arguments against requiring individual-level authentication
    - Systems-level authentication would be less expensive to implement than individual-level authentication.
    - The success of any proposed solution is dependent upon the resolution of substantial policy issues that would need to be worked through to ensure the viability of that solution.

    - The realities of needing to have a working architecture in place so that providers can meet meaningful use goals in 2011 argues against starting with individual authentication, since it would be difficult to implement this capability in time.
    - Requiring entities to go through an external user-credentialing process before being able to use CS-HIE Services may present a barrier that discourages adoption and use of the services.
- Arguments for offering individual-level authentication
    - Offering individual-level authentication as a service could provide a mechanism for sustainability of the statewide infrastructure; for example, organizations could be charged a fee in order to have their users credentialed.
    - Large organizations may be hesitant to use the CS-HIE Services if a centralized, trusted mechanism for individual-level authentication is not offered, due to a lack of trust in the credentialing processes of unknown data trading partners.

*Is there a need for any non-core cooperative shared HIE services to support meaningful use, or are core services sufficient?*

The group's discussion around this question resulted in the following main points being made:

- The Core CS-HIE Services lay the foundation for peer-to-peer interaction between principals. Additional services, whether developed through the Cooperative Agreement Program, the market, or individual organizations, can utilize this foundation to provide more HIE-related functionality. Examples include a service that gathers data from multiple sources to perform medication reconciliation, a service that orchestrates the submission of hospital lab data to various public health agencies, or a quality measurement rules repository.
- Input from TAC and others should be solicited to decide whether additional non-Core CS-HIE Services need to be included in the architecture at this point.

*Is there a need to include patient/consumer identities in the trust environment specified in the architecture? (At present, this is not supported.)*

There was consensus that including patient/consumer identities in the trust environment would be impractical at this stage, and that doing so would require much additional thought and consideration due to the inherent complexities of provisioning 40 million individuals.

*Should the Core CS-HIE Services support single sign-on for web-based applications?*

A participant asked for clarification of the proposed single sign-on capability as described in Section 4.3.4.3. Walter clarified that this capability of the Authentication Service is meant to provide a means whereby a user can gain access to multiple web-based applications using a single username and password. This would be of particular use to provider workflows that currently require staff to maintain multiple logins and passwords, e.g. performing patient eligibility checking via various payer

websites. This would also obviate the need for the various websites to maintain their own user registries.

There was general consensus that the architecture should support single sign-on functionality. Whether this is ultimately at the level of systems or individuals depends on the decision of whether to have individual-level or systems-level authentication.

*Should a principal that has indicated support for one or more transaction types in the Routing Service be required to support the specified standards-based "common protocol" for each of those transaction types?*

Because of time constraints, the group was asked to provide feedback regarding this issue via the email discussion list.

Next Steps:

- TWG members will submit their comments to the group discussion list by Thursday, 1/14.
- The straw man draft will be updated based on the feedback obtained at this meeting and via the discussion list, and then distributed to the TAC for review.
- The next TWG meeting will be 1/20 11AM-12:30PM.

Summary of Key Questions/Issues/Decision Points:

- Should the architecture include the authentication of individuals? Or should authentication take place at the system level and individual authentication be delegated to the enterprises?
- Are there non-Core CS-HIE services that should be part of the infrastructure at this point to enable the achievement of meaningful use?
- There was consensus that patient/consumer identities should not be included in the trust environment at this stage.
- There was consensus that the architecture should support single sign-on functionality. Whether this is ultimately at the level of systems or individuals depends on the decision of whether to have individual-level or systems-level authentication.
- Should a principal that has indicated support for one or more transaction types in the Routing Service be required to support the specified standards-based "common protocol" for each of those transaction types?

Members Present:

| Name | Organization |
|---|---|
| Dave Bass | CA Dept. of Health Care Services |
| Jane Brown | Nautilus Healthcare Management Group |
| Scott Cebula | Independent |
| Scott Christman | CA Dept. of Public Health |
| Paul Collins | CA Dept. of Public Health |
| Robert("Rim") Cothren | Cognosante, Inc. |
| Jeff Evoy | Sharp Community Medical Group |
| Larry Hammond | CA Dept. of Health Care Services |
| Daniel Haun | Adventist |
| Jen Herda | Long Beach Network for Health |
| Laura Landry | Long Beach Network for Health |
| Lee Mosbrucker | CA Office of the Chief Information Officer |
| Eileen Moscaritolo | CalOptima |
| Orlando Portale | Palomar Pomerado Health District |
| Jim Thornton | MemorialCare |
| Ben Word | CA Dept. of Health Care Services |

Staff Present

| Name |
|---|
| Walter Sujansky |
| Tim Andrews |
| Peter Hung |